

April 2013

How to bill with Two Authorization Numbers

With the implementation of the HIPAA 5010 billing format there were numerous system changes. One of those changes was to placement of Prior Authorization (PA) or Expedited Prior Authorization (EPA) numbers on a claim if two numbers were required on the same claim. HIPAA 5010 only allows one PA or EPA number at claim level. Placement of two authorization numbers on the claim is now determined by the need for a PA or EPA to bill the entire claim and PA or EPA to perform an individual service listed on the claim. Only one authorization number is allowed on each service line.

How do I know I need two PA or EPA numbers?

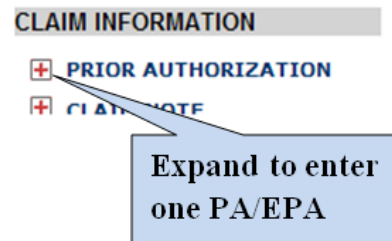
Each Medicaid covered program may or may not have a requirement for Prior Authorization or use an Expedited Prior Authorization for selected services. Please refer to your specific Medicaid Provider Guide (MPG) to see if the service being provided requires PA or an EPA number. The MPG web site is <http://hrsa.dshs.wa.gov/billing/bi.html>. Your program MPG will explain the process for applying for PA or will list the criteria for using an EPA number. The process for submitting two authorization numbers on a claim include:

DDE

You have determined you need two PA/EPA numbers on your claim and you use the DDE feature of ProviderOne to submit individual claims. The following process works only for Professional and Dental DDE claims. Institutional DDE claims do not have a field for PA/EPA numbers at line level.

Fill out the top portion of the claim:

- **Provider Information**
- **Subscriber/Client Information**
- **For the Claim Information**
At the claim level enter the PA or EPA if billing the entire claim requires one of the authorization numbers.



BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMEPOS Condition, Health Services, Test Results, Home Oxygen Therapy, Service Fee Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd cyyy
12 12 2012

Place of Service: 11-OFFICE

* Procedure Code: 92134

* Submitted Charges: \$ 250

* Units: 1

☒ Medicare Crossover Items
National Drug Code:

☒ Drug Identification

☒ Prior Authorization

1. Prior Authorization Number: 870000051

2. Prior Authorization Number:

☒ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections of the claim form)

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates From To	Proc. Code	Modifiers 1 2 3
1			

Basic Line Item Information

- Fill in all the required line data down to the Prior Authorization field.
- Expand the field and add the PA/EPA number that corresponds to this service line.
- Then click on the “Add Service Line Item” button.
- Repeat this process to add an additional line of service and its PA/EPA number to the claim.
- You can add additional lines of service to the claim for the services that don’t need PA/EPA. Leave the PA field closed on those lines.

EDI Batch Claims - Professional and Dental claims

There are specific Loops, Segments, Data Elements, and Information Qualifiers to use when submitting a PA/EPA at the claim and line level. See your system EDI staff to determine the actual placement information.

HIPAA 5010 Institutional claims are allowed placement of only one PA/EPA in the claim level data.

Paper Claims - Professional and Dental claims

If you are billing multiple PA/EPA numbers on the paper claim form, enter them in the Claim Note/Comments field indicating the line number each PA/EPA applies to:

Line 1: 8700001776 / Line 2: 8700001777

If billing with only one PA/EPA then enter that number in the correct field on the claim form.